



# WORCESTER ZONE A.A.U. BASEBALL 2012 SEASON TRYOUT APPLICATION



THE WORCESTER ZONE A.A.U. BASEBALL PROGRAM IS AFFILIATED WITH:



## THE STRIKE ZONE

**Worcester's Baseball and Softball Indoor Training Facility**

10 Mann Street · Worcester, Massachusetts 01602 · Telephone: 508.752.4766 · www.kzonecages.com

THE STRIKE ZONE is pleased to announce A.A.U. Baseball tryouts for the following ages:

- 9-and-Under (born on or after May 1, 2002)
- 10-and-Under (born on or after May 1, 2001)
- 11-and-Under (born on or after May 1, 2000)
- 12-and-Under (born on or after May 1, 1999)
- 13-and-Under (born on or after May 1, 1998)
- 14-and-Under (born on or after May 1, 1997)
- 15-and-Under (born on or after May 1, 1996)
- 16-and-Under (born on or after May 1, 1995)

### TRYOUT DATE, TIME and LOCATION:

Please refer to The Strike Zone website (under the A.A.U. "The Zone" link) for updated tryout dates, times and locations.

### TRYOUT FEE:

\$25.00

### **PRE-REGISTRATION IS STRONGLY RECOMMENDED**

(this will allow us to invite the appropriate coaches to the tryout based upon the applications received)

Call 508.752.4766 or visit [www.kzonecages.com](http://www.kzonecages.com) for additional information.



Please register me for the following tryout ():

9-and-Under     10-and-Under     11-and-Under  
 12-and-Under     13-and-Under     14-and-Under     15-and-Under     16-and-Under

Player name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tryout fee is \$25.00 (checks made payable to The Strike Zone). Please return application and submit fee to:  
THE STRIKE ZONE · ATTN: AAU BASEBALL TRYOUT · 10 MANN STREET · WORCESTER, MASSACHUSETTS 01602**

### **Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement**

The Participant and/or participant's parent(s)/ guardian(s) acknowledge, understand and assume all risks inherent with participating in this program/tryout.

I, the parent/guardian of, \_\_\_\_\_, hereby give my consent for their participation in "The Strike Zone" program/tryout. Also, I hereby release, indemnify and agree to hold harmless "The Strike Zone" and any of its directors, officers, coaches, agents, affiliates, sponsors, and associated personnel against any legal claim by or on behalf of the participant as a result of participation in the program. I also give my consent for all medical care prescribed by a medical doctor, EMT or nurse to preserve the physical well being of my child.

Parent/Legal Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_